

**NOTICE OF INTENT (NOI) LETTER  
FOR ING670000 HYDROSTATIC  
TESTING OF COMMERCIAL PIPELINES  
GENERAL NPDES PERMIT**

State Form xxxxx [not yet approved]  
Approved by State Board of Accounts [year]  
INDIANA DEPARTMENT OF ENVIRONMENTAL  
MANAGEMENT

Mail this form and required attachments to:

**INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT**  
CASHIER'S OFFICE – MAIL CODE 50-10C  
100 North Senate Avenue  
Indianapolis, IN 46204-2251

Web Access: [www.IN.gov/ide/4869.htm](http://www.IN.gov/ide/4869.htm)

rev. 07/29/14

**INSTRUCTIONS**

- *This form must be used to apply for coverage under the General NPDES Permit for wastewater from hydrostatic testing of commercial pipelines pursuant to NPDES Permit No. ING670000.*
- *Please type or print in ink. Do not use white-out to correct errors. Strike-through and initial any corrections.*
- *Further item-specific instructions are provided in Appendix A at the end of this form.*

For questions regarding this form, the required attachments, and permit requirements, contact the IDEM General NPDES Permits Coordinator at telephone number (317) 232-8703 or (800) 451-6027, ext 28703 (within Indiana).

**ELIGIBILITY REQUIREMENTS**

This general permit covers discharges of hydrostatic test water from commercial pipelines to surface waters of the state, except as limited in paragraph b below. The following discharges of hydrostatic test water are not authorized by this permit:

- 1) direct discharges into waters that are designated as an Outstanding National Resource Water (ONRW) defined at IC 13-11-2-149.5 or an Outstanding State Resource Water (OSRW) defined at IC 13-11-2-149.6 and listed at 327 IAC 2-1.3-3(d);
- 2) discharges to a receiving stream when the discharge results in an increase in the ambient concentration of a pollutant which contributes to the impairment of the receiving stream for that pollutant as identified on the current 303(d) list of impaired waters;
- 3) discharges containing water treatment additives (WTAs) which have not received prior written approval from IDEM for the specific additive, use, and dosage at the particular site for which the Notice of Intent (NOI) is submitted; and
- 4) discharges resulting from the cleaning of tanks and/or pipelines.

**APPLICATION TYPE**

NEW [ ]  
RENEW [ ]  
MODIFICATION [ ]

PERMIT NUMBER IF APPLICABLE:

OTHER PERMIT NUMBER(S) APPLICABLE TO SITE:

DESCRIPTION OF PROPOSED MODIFICATION IF APPLICABLE

**PART A: GENERAL INFORMATION FOR FACILITY**

1. FACILITY NAME

2. FACILITY MAILING ADDRESS (see Appendix A)

STREET ADDRESS

CITY

STATE

ZIP CODE

3. FACILITY PHYSICAL LOCATION (see Appendix A)

STREET ADDRESS

CITY

STATE

ZIP CODE

4. PARENT COMPANY/OWNER'S COMPLETE MAILING ADDRESS

COMPANY NAME

STREET ADDRESS

CITY

STATE

ZIP CODE

5. FACILITY SIC CODE  
(see Appendix A)

6. FACILITY COUNTY

7. LATITUDE AND LONGITUDE OF FACILITY ENTRANCE (see Appendix A)

Latitude

Longitude

degree

minute

second

degree

minute

Second

8. What is the nature of the primary business conducted at the facility or site?

9. Provide a brief description of the facility operations that result in the discharge.

**PART B: CONTACT INFORMATION FOR RESPONSIBLE OFFICIAL (AUTHORIZED NOI SIGNATORY)**

Provide information regarding the responsible official who has the authorization to sign this NOI in accordance with 40 CFR 122.22. If the responsible official wishes to delegate signatory authority for reports and other correspondence related to this NOI, that delegation must be made in writing to IDEM. This delegation of authority may occur either via this NOI or via a letter (signed and dated by the responsible official) which shall be submitted to the address on the last page of this NOI form. (See Appendix A)

10. NAME OF RESPONSIBLE OFFICIAL	11. DELEGATED SIGNATORY PERSON (OR POSITION) FOR SIGNING REPORTS AND FILING ADDITIONAL NOI CONTENT REQUIREMENTS
. RESPONSIBLE OFFICIAL'S TITLE	DELEGATED SIGNATORY PERSON'S TITLE or POSITION
. RESPONSIBLE OFFICIAL'S TELEPHONE NUMBER	DELEGATED SIGNATORY PERSON'S TELEPHONE NUMBER
RESPONSIBLE OFFICIAL'S FACSIMILE NUMBER	DELEGATED SIGNATORY FACSIMILE NUMBER
. RESPONSIBLE OFFICIAL'S PERSON'S EMAIL ADDRESS	DELEGATED SIGNATORY PERSON'S EMAIL ADDRESS

**PART C: OTHER CONTACT INFORMATION**

12. DISCHARGE MONITORING REPORTS CONTACT AND MAILING INFORMATION	<u>CONTACT PERSON AND COMPANY NAME</u>		
<u>CONTACT TELEPHONE NUMBER</u>	<u>STREET ADDRESS</u>		
<u>CONTACT EMAIL ADDRESS</u>	<u>CITY</u>	<u>STATE</u>	<u>ZIP</u>
13. ANNUAL FEE & FINANCIAL CONTACT AND BILLING ADDRESS	<u>CONTACT PERSON AND COMPANY NAME</u>		
<u>CONTACT TELEPHONE NUMBER</u>	<u>STREET ADDRESS</u>		
<u>CONTACT EMAIL ADDRESS</u>	<u>CITY</u>	<u>STATE</u>	<u>ZIP</u>
14. OTHER CONTACT AND MAILING INFORMATION (as necessary)	<u>CONTACT PERSON AND COMPANY NAME</u>		
<u>CONTACT TELEPHONE NUMBER</u>	<u>STREET ADDRESS</u>		
<u>CONTACT EMAIL ADDRESS</u>	<u>CITY</u>	<u>STATE</u>	<u>ZIP</u>

**PART D: SOURCE WATER INFORMATION**

Please provide information regarding the volume of water (in MGD) which you propose to withdraw on a daily basis from each of the following sources for use for the hydrostatic testing of commercial pipelines to be covered by this general permit. If you plan to use a surface water intake, you will also need to complete Part IV of this application to determine if you are eligible for general permit coverage due to restrictions of Section 316(b) of the Clean Water Act.

WELL WATER	SURFACE WATER	PUBLIC WATER SUPPLY	UNITS
			MGD

**PART E: TYPE OF PIPE TO BE HYDROSTATICALLY TESTED (CHECK ALL THAT APPLY).** For testing of ANY existing pipeline (i.e. which has previously contained product), provide information about the product it contained

NEW	EXISTING	<u>PIPELINE CONTENT INFORMATION</u>

**PART F: OUTFALL INFORMATION:**

Provide the following information for all outfalls/discharges to be covered by this general permit. You may attach additional sheets if necessary.

15. OUTFALL NO.	16. LATITUDE			16. LONGITUDE			17. RECEIVING WATER (see Appendix A)	18. FOR ANY DISCHARGE INTO A STORM SEWER IDENTIFY THE STORM SEWER OWNER. (see Appendix A)	19. ANTICIPATED DAILY VOLUME OF DISCHARGE in MGD AND METHOD OF DETERMINATION OF VOLUME
	deg	min	sec.	deg.	min.	sec.			

**PART G: EFFLUENT CHARACTERISTICS**

- A. Existing Sources – Provide measurements for the parameters listed in the left hand column, unless waived by the permitting authority (see Appendix A)
- B. New Dischargers- Provide estimates for the parameters listed in the left-hand column below, unless waived by the permitting authority. Instead of the number of measurements taken, provide the source of estimated value (see Appendix A)

	(1) 20. Maximum Daily Value (include units)		(2) 21. Average Daily Value (last year) (include units)		22. (3) or (4) Number of Measurements Taken (last year) or Source of Estimate (if new discharger)	
	Mass	Concentration	Mass	Concentration		
Biochemical Oxygen Demand (BOD)						
Total Suspended Solids (TSS)						
Fecal coliform (if present or believed present) (units in count/100 ml)						
Total Residual Chlorine (if chlorine is used)						
Oil and Grease						
Ammonia (as N)						
23. Discharge Flow	VALUE in MGD		VALUE in MGD			
24. Temperature (Winter) (in degrees F.)	VALUE in DEGREES FAHRENHEIT		VALUE in DEGREES FAHRENHEIT			
Temperature (Summer) (in degrees F.)	VALUE in DEGREES FAHRENHEIT		VALUE in DEGREES FAHRENHEIT			
25. pH (S.U.)	MINIMUM		MAXIMUM			

**PART H: WATER TREATMENT ADDITIVES:**

Please fill out the following additional information about the discharge from each outfall. Note that the only additives that may be used under this permit are those designed for use for dechlorination or pH adjustment, or those that have been previously approved for use at this site by the Indiana Department of Environmental Management and that are already in use at the time of this submittal. You may attach additional sheets if necessary. (see appendix A)

26. OUTFALL NO.	27. WATER TREATMENT ADDITIVES (WTAs) TO BE USED (ATTACH A COPY OF IDEM APPROVAL LETTER FOR EACH WTA TO BE USED)

## PART I: IDENTIFICATION OF POTENTIALLY AFFECTED PERSONS

**28.** Pursuant to IC 4-21.5 each applicant for general permit coverage is required to provide a listing of all persons who are potentially affected by the discharge(s) to be covered under the general permit. PLEASE NOTE THAT MAILING LABELS ARE ALSO REQUIRED WITH THIS SUBMITTAL. **(See instructions in Appendix A).**

Please list here any and all persons whom you have reason to believe have a substantial or proprietary interest in this matter, or could otherwise be considered to be potentially affected under the law. Failure to notify any person who is later determined to be potentially affected could result in voiding our decision on procedural grounds. To ensure conformance with AOPA and to avoid reversal of a decision, please list all such parties. Attach additional names and addresses on a separate sheet of paper, as needed.

[illegible]

**PART J: ADDITIONAL REQUIRED ATTACHMENTS****29. PROOF OF PUBLICATION**

The NOI letter must also contain proof of publication of the following statement in a newspaper of largest circulation in the area of the discharge:

*(Supply your facility name, address, address of the location of the discharging facility)* "is submitting a Notice of Intent to notify the Indiana Department of Environmental Management of our intent to comply with the requirements under National Pollutant Discharge Elimination System (NPDES) general permit ING490000 to discharge process wastewater from a sand, gravel, crushed stone or dimensional stone operation. Discharge will be to *(Supply the names of the streams or water bodies receiving the discharge(s))*"

"Any person wishing further information about this discharge may contact *(supply your facility contact person's Name and telephone or email information)*. The decision to issue coverage under this NPDES general permit for this discharge is appealable as per IC 4-21.5. Any person who wants to be informed of IDEM's decision regarding granting or denying coverage to this facility under this NPDES permit, and who wants to be informed of procedures to appeal the decision, may contact IDEM's offices at [OWQWWPER@Idem.IN.gov](mailto:OWQWWPER@Idem.IN.gov) to be placed on a mailing list to receive notification of IDEM's decision."

This publication must be in the newspaper for a minimum of one day. Be advised that notices without the proper information will not be sufficient, and IDEM will require that a new public notice be placed in the newspaper. If the proof of publication is not available a legible photocopy of the article that contains the name of the newspaper and the date the article was run is also acceptable. Please attach proof of publication of this statement from the newspaper to the NOI.

**30. REQUIRED MAPS**

A topographical map must be submitted with this NOI. The map must include the following items:

- (A) the location of the operation shown clearly and identified by name and by mark;
- (B) the location of each numbered outfall shown clearly and identified by number and by mark;
- (C) the receiving streams that each outfall discharges to shown clearly and identified by name; and
- (D) any existing permanent structures or roads in the area shown clearly and identified by name.

In addition a site map must be submitted. The site map must show and identify the significant structures, including all sedimentation basins, all outfall and sampling locations, and any flow paths from basin to outfall on the property.

**PART K: APPLICATION FEE**

31. A \$50 fee is required to be submitted with this NOI in accordance with IC 13-18-20-12. The \$50 fee is applicable for each new permit, renewal, and modification. (Updates to information in Parts B and C shall not be subject to the \$50 fee for modifications.) Checks or money orders shall be made payable to IDEM.

**PART L: SIGNATORY CERTIFICATION STATEMENT**

32. The NOI must be signed by the Responsible Official (as identified in Part B, item 10. Also see Appendix A):

"I certify under penalty of law that this document and all its attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

\_\_\_\_\_  
Printed or Typed Name of Responsible Official

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date signed

**PART L: CONTACT INFORMATION:** Please use the address at the top of page 1 of the NOI form to submit completed NOI forms.

Alternatively, the following address should be used for general correspondence and any NOIs which do not have fees attached.

**Indiana Department of Environmental Management**  
Office of Water Quality  
Permits Administration Section  
General Permits Coordinator  
Indiana Government Center North, Room 1255  
100 N Senate Ave  
Indianapolis, IN 46204-2251

## APPENDIX A: SUPPLEMENTAL INSTRUCTIONS

**APPLICATION TYPE:** For the purposes of this form, a modification would consist of removing an existing outfall, adding an outfall in a new location, updating the quantity of discharge anticipated, or updating your wastewater characterization if it is determined that an actual value differs significantly from what you stated on a previous submittal. Please note that outfall locations are considered for the purposes of this permit to be discrete points. If you relocate an outfall you must apply for a modification to remove the outfall at the previous location, and add a new outfall, with a new outfall number, to the permit.

Changes in contact information must be reported, but you may do so with a letter signed by the signatory (Part D Item 1) or delegated signatory authority (Part D Item 2). An NOI modification submittal is not required.

**ELIGIBILITY REQUIREMENTS Item 1:** The current lists of Outstanding State Resource Waters and Outstanding National Resource Waters can be found at <http://www.in.gov/idem/4869.htm>

**ELIGIBILITY REQUIREMENTS Item 2:** The current lists of 303(d) impaired waters can be found at <http://www.in.gov/idem/nps/2647.htm>

**ELIGIBILITY REQUIREMENTS Item 3:** Prior written approval from IDEM is required for any substance that is to be added to the water that is to be discharged. In order to obtain this approval State Form 50000 (found at <http://www.in.gov/idem/5157.htm>) must be filled out for each substance and returned along with Material Safety Data Sheets. IDEM will review these submittals and provide a written approval or denial for the additive in question for the use, and in the dosage, that you are proposing. A copy of this approval must be submitted with your NOI form.

**ELIGIBILITY REQUIREMENTS:** 40 CFR 122.26 can be found at <http://www.ecfr.gov/cgi-bin/text-idx?SID=0d3c97093793b08cfae17266abd2ff78&node=40:23.0.1.1.12.2.6.6&rgn=div8>. [http://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title40/40tab\\_02...](http://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title40/40tab_02...)

**Part A, item 1:** Enter the name of the specific site location that is to be permitted. This will be a unique name to identify this single site in correspondence and conversation.

**Part A, Items 2 and 3:** If the physical location is the same as the mailing address of the site to be permitted then both of these sections will be the same. In this case you may fill in the first and fill in "same" in the second. However if the mailing address is not sufficient to allow a person who wishes to visit the site to find it then section 3 should be a description of where the site itself is located. You may attach additional sheets if the boxes provided do not offer sufficient space to provide a proper location description.

**Part A, Item 4:** Enter the name and mailing address of the company that owns the site. This may be the name of the site itself but does not have to be. For example if "ABC Stone company" owns quarries at several locations, one of which this permit is being applied for, then "ABC Stone Company" and location of ABC Stone Company's signatory (see Part B, item, 10, below) would be listed here.

**Part A, Item 5:** Enter the four digit Standard Industrial Classification (SIC) code which identifies the facility's primary activity. SIC codes can be obtained from the Standard Industrial Classification Manual, 1987, by accessing the Occupational Safety and Health Administration (OSHA) website at <http://www.osha.gov/oshstats/sicser.html>, or by contacting the Indiana Department of Workforce Development at (317) 232-7458.

**Part A, Item 7:** The latitude and longitude of the entrance to the facility must be in the degrees/minutes/seconds format. Longitude and latitude can be obtained from United States Geological Survey (USGS) quadrangle or topographic map, by calling (888) 275-8747, or by accessing a locational website at <http://www.geocode.com> and conducting a search based on the facility street address. You may also access this information with the use of a handheld GPS unit at the site.

Longitude and Latitude in decimal degrees may be converted to degrees/minutes/seconds for proper entry on the NOI by following this example:

Convert decimal latitude 45.1234567 to degrees/minutes/ seconds

1. The numbers to the left of the decimal point are degrees: 45.
2. To obtain minutes multiply the first four number to the right of the decimal point by 0.006:  $1234 \times 0.006 = 7.404$
3. The numbers to the left of the decimal point in the result obtained in (2) are the minutes: 7
4. To obtain seconds multiply the remaining three numbers to the right of the decimal from the result obtained in (2) by 0.06:  $404 \times 0.06 = 24.24$ .
5. Since the numbers to the right of the decimal are not used the result is 24 seconds.
6. The conversion for 45.1234567 is 45 degrees, 7 minutes, and 24 seconds.

**Part B, item 10:** The Responsible Official must meet one of the following requirements:

- a) For a corporation, the responsible official must be a responsible corporate officer, which means either of the following:
  - (1) A president, secretary, treasurer, any vice president of the corporation in charge of a principal business function, or any other person who performs similar policymaking or decision making functions for the corporation.
  - (2) The manager of one (1) or more manufacturing, production, or operating facilities, provided, the manager is authorized to make management decisions which govern the operation of the regulated facility including having the explicit or implicit duty of making major capital investment recommendations, and initiating and directing other comprehensive measures to assure long term environmental compliance with environmental laws and regulations; the manager can ensure that the necessary systems are established or actions taken to gather complete and accurate information for permit application requirements; and where authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.
- b) For a partnership or sole proprietorship, the responsible official must be a general partner or the proprietor, respectively.
- c) For a municipality, state, federal, or other public agency or political subdivision thereof, the responsible official must be either a principal executive officer or ranking elected official. For purposes of this section, a principal executive officer of a Federal agency is:
  - (1) The chief executive officer of the agency, or
  - (2) A senior executive officer having responsibility for the overall operations of a principal geographic unit of the agency (e.g., Regional Administrator of U.S. EPA).

**Part F, Item 15:** Enter a three number designation for each point where you will discharge, for example, 001, 002, 003, etc.

**Part F, Item 16:** See instructions for Part A, Item 7, above.

**Part F, Item 17:** Enter the name of the waters of the state into which the discharges from each outfall will occur, as either the body of water itself, if the discharge is direct, or taking into account tributaries, if applicable. EXAMPLE: "Stone Creek", or "Connor Ditch to Stone Creek"; or "unnamed tributary"

to Connor Ditch”.

**Part F, Item 18:** If the discharge first enters a storm sewer prior, which then carries it to waters of the state, then please provide the name of the owner of the storm sewer. EXAMPLE: “City of Muncie Department of Public Works” or “LaPorte Storm Sewer System”.

**Part G, items 20 and 21:** All pollutant levels must be reported as concentration and as total mass (except for discharge flow, pH, and temperature). Total mass is the total weight of pollutants discharged over a day. Use the following abbreviations for units:

Concentration	Mass
ppm.....parts per million	lbs.....pounds
mg/l.....milligrams per liter	ton.....tons (English tons)
ppb.....parts per billion	mg.....milligrams
ug/l.....micrograms per liter	g.....grams
kg.....kilograms	T.....Tonnes (metric tons)
ng/l.....nanograms per liter	

#### A. Existing Sources

You are required to provide at least one analysis for each pollutant or parameter listed that is known or believed to be present by filling in the requested information under the applicable column. Data reported must be representative of the facility's current operation (average daily value over the previous 365 days should be reported). Parameters not present should be marked N/A.

The pollutants or parameters listed are average flow, biochemical oxygen demand (BOD), total suspended solids (TSS), fecal coliform (if believed present or if sanitary waste is discharged), pH, total residual chlorine (if chlorine is used), temperature (winter and summer), oil and grease, and ammonia (as N). The analysis of these pollutants or parameters must be done in accordance with procedures promulgated in 40 CFR Part 136. Grab samples must be used for pH, temperature, residual chlorine, oil and grease, and fecal coliform. For all other pollutants a 24-hour composite samples must be used. Any further questions on sampling or analysis should be directed to (317) 232-8704 or OWQWWPER@idem.IN.gov.

The Commissioner may request that you do additional testing, if appropriate, on a case-by-case basis under Section 308 of the Clean Water Act (CWA). If you expect a pollutant to be present solely as a result of its presence in your intake water, provide this information on a separate piece of paper attached to the NOI form..

#### B. New Dischargers

You are required to provide an estimated maximum daily and average daily value for each pollutant or parameter (exceptions noted on the form). Please note that follow up testing and reporting are required no later than 2 years after the facility starts to discharge. Sampling and analysis are not required at this time. If, however, data from such analyses are available, then such data should be reported. The source of the estimates should be provided in the second column of item 22. Base your determination of whether a pollutant will present in your discharge on your knowledge of the proposed facility's use of maintenance chemicals, and any analyses of your effluent or of any similar effluent. You may also provide the estimates based on available in-house or contractor's engineering reports or any other studies performed on the proposed facility. If you expect a pollutant or parameter to be present solely as a result of its presence in your intake water add this information on a separate piece of paper attached to the NOI form. In providing the estimates, use the codes in the following table to indicate the source of such information.

#### Engineering study Code

Actual data pilot plants .....	1
Estimates from other engineering studies .....	2
Data from other similar plants .....	3
Best professional estimates .....	4
Others .....	specify on the form

#### C. Testing Waivers

To request a waiver from reporting any of these pollutants or parameters, the applicant (whether a new or existing discharger) must submit to the permitting authority a written request specifying which pollutants or parameters should be waived and the reasons for requesting a waiver. This request should be submitted to the permitting authority before submitting the NOI, or with it. The permitting authority may waive the requirements for information about any pollutant or parameter if he determines that less stringent reporting requirements are adequate to support approval of discharge permit coverage. No extensive documentation of the request will normally be needed, but the applicant should contact the permitting authority if he or she wishes to receive instructions on what his or her particular requests should contain.

**Part H, Item 27:** Water Treatment Additives may only be used at outfalls to be covered by this general permit if the applicant has received prior approval from IDEM, as denoted in the Eligibility Requirements on Page 1 of the NOI form. For more information, please contact us at (317) 232-8704 or OWQWWPER@idem.IN.gov.

#### Part I, Item 28: Identification of Potentially Affected Persons

The Administrative Orders and Procedures Act (AOPA) IC 4-21.5-3-5(b), requires that the Indiana Department of Environmental Management (IDEM) give notice of its decision on your Notice of Intent to the following persons:

- 1) Each person to whom the decision is specifically directed;
- 2) Each person to whom a law requires notice to be given;
- 3) Each competitor who has applied to the IDEM for a mutually exclusive license, if issuance is the subject of the decision and the competitor's application has not been denied in an order for which all rights to judicial review have been waived or exhausted;
- 4) Each person who has provided the IDEM with a written request for notification of the decision;
- 5) Each person who has a substantial and direct proprietary interest in the issuance of the (permit/variance);
- 6) Each person whose absence as a party in the proceeding concerning the (permit) decision would deny another party complete relief in the proceeding or who claims an interest related to the issuance of the (permit) and is so situated that the disposition of the matter, in the person's absence may:
  - a) As a practical matter impair or impede the person's ability to protect that interest, or
  - b) Leave any other person who is a party to a proceeding concerning the permit subject to a substantial risk of incurring multiple or otherwise an inconsistent obligation by reason of the person's claimed interest.

IC 4-21.5-3-5(f) provides that we may request your assistance in identifying these people.

Additionally, IC 13-15-3-1 requires IDEM to send notice that the permit application has been received by the department to the following:

- a) The board of county commissioners of a county affected by the permit application and
- b) The mayor of a city that is affected by the permit application, or
- c) The president of a town council of a town affected by the permit application.

Please provide on the following form the names of those persons affected by these statutes, and include mailing labels with your NOI. These mailing labels should have the names and addresses of the affected parties along with our mailing code (65-42PS) listed above each affected party listing.

Example:           65-42PS  
                      John Doe  
                      111 Circle Drive  
                      City, State, Zip Code

**Part L:** See instructions for Part B, item 10, above.